

**B. History or sexually transmitted diseases**

9. In the past **12 months** have you been treated for any of the following medical conditions?

a. Gonorrhea?

Yes..... 01

No ..... 02

b. Non-gonorrhea discharge from the penis?

Yes..... 01

No ..... 02

c. Syphilis?

Yes..... 01

No ..... 02

d. Herpes of the lip?

Yes..... 01

No ..... 02

e. Herpes of the penis?

Yes..... 01

No ..... 02

f. Sore on penis other than syphilis or herpes?

Yes..... 01

No ..... 02

g. Herpes of the anus or rectum?

Yes..... 01

No ..... 02

g. Anal warts?

Yes..... 01

No ..... 02

i. Warts on the penis or elsewhere that appeared in the past 12 months?

Yes..... 01 (**answer below**)

No ..... 02

If “Yes”, on what parts of the body?

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9. (Continued) In the past **12 months** have you been treated for...

j. Sore on anus or rectum other than syphilis, herpes or warts?

Yes..... 01

No ..... 02

k. Body lice (*or crab lice*)?

Yes..... 01

No ..... 02

l. Hepatitis – type B?

Yes..... 01

No ..... 02

m. Hepatitis – not type B? (*or type unknown*)

Yes..... 01

No ..... 02

n. Amoebas? (*or amebas*)

Yes..... 01

No ..... 02

o. Other known or suspected intestinal parasites?

Yes..... 01

No ..... 02